DOCUMENT RESUME

ED 328 537 SP 032 884

AUTHOR Bishop, Kelly; Stauracker, Michael J.
TITLE Clearing the Air: A Collaborative Approach to Smoke-Free Schools.
PUB DATE 17 Oct 90
NOTE 12p.; Paper presented at the Convention of the American School Health Association (October 17, 1990).
PUB TYPE Speeches/Conference Papers (150) -- Guides - Non-Classroom Use (055)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Educational Environment; Elementary Secondary Education; *Health Promotion; *Participative Decision Making; *Policy Formation; Program Development; Program Implementation; *Public Schools; School Districts; *Self Help Programs; *Smoking; Student Behavior; Substance Abuse
IDENTIFIERS *Smoke Free Schools

ABSTRACT

Suggestions are made for establishing a policy for prohibiting smoking on school property. First, a working committee for policy formation should be established. This committee should consist of representatives from all populations affected: students, teachers, parents, staff, bus drivers, cooks, administrators, and union and community representatives. The committee would be responsible for reviewing current policy, surveying target populations to assess their current needs, reviewing survey results, determining type of policy, and setting a timeline. Should a school district wish to set up a smoking-cessation program, it is suggested that the health promotion coordinator determine the appropriate program elements for his/her colleagues and school district. Generally, an effective program will address the following issues: knowledge or information, motivation, coping skills, stress management, weight control, exercise, relapse prevention, social support, and nicotine addiction. Some program characteristics to be considered are: behavior modification, hypnosis, nicotine replacement, cold turkey versus gradual reduction, and length. Other things to be considered are choice of trainer and evaluation data. (JD)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED328537

Clearing the Air: A Collaborative Approach to Smoke-Free Schools

Kelly Bishop, B.S., M.A., CHES
Indiana State Board of Health

Michael J. Staufacker, B.S., M.A., CHES
American Lung Association of Kentucky

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

J. Stan Tacker

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☐ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

Presented at the American School Health Association Convention
October 17, 1990

SP 032 884

"Clearing the Air: A Collaborative Approach to Smoke-Free Schools"
Presented at the American School Health Association Convention,
October 17, 1990
Kelly Bishop, B.S., M.A., CHES
Michael J. Staufacker, B.S., M.A., CHES

In 1988, the National Education Association Representative Assembly passed a new business item directing NEA to support and initiate efforts designed to make American's schools "smoke-free."

The National School Boards Association passed a resolution urging local school boards to develop policies prohibiting the use of all tobacco products by students on school premises.

A past president of the Association stated, as quoted from the NSBA's Guide, NO SMOKING: A Board Members Guide to Nonsmoking Policies for the Schools, "School boards, consistent with their responsibility for maintaining the safest and most wholesome environment in our schools, have a parallel responsibility to establish voluntarily, policies that specifically prohibit smoking on school grounds by not only students, but also school personnel, parents, and all others who serve as adult role models for our youth."

The Year 2000 Objectives for the Nation contains objectives that specifically target youth. Among the objectives are ones to reduce the initiation of smoking by youth, reduce smokeless tobacco prevalence, increase awareness of hazards, and include tobacco use prevention curricula in schools. The objectives call to increase the proportion of work sites (including schools) with a formal smoking policy that prohibits or severely restricts smoking. The smoking policy objective addresses youth and adults.

The Secretary of Health and Human Services, in the Report, Reducing the Health Consequences of Smoking: 25 Years of Progress, states, "We must focus our efforts on preventing smoking initiation and encouraging smoking cessation

SP 032 894

... and policies that encourage nonsmoking behavior should be pursued."

And according to the Surgeon General's Report, The Health Consequences of Involuntary Smoking, "a total prohibition of smoking on school grounds provides the greatest protection from sidestream smoke exposure and unwanted role modeling effects."

This demonstrates a national commitment for supporting schools in the establishment of restrictive smoking policies.

According to the Tobacco-Free American Project, 38 states and Washington DC have laws restricting smoking in schools. Of the 50 states and DC, all but 5 states have age restrictions regarding the purchase of tobacco products. For the most part, 18 is the legal age to buy tobacco products.

Aside from the national impetus in this direction, there are many good reasons why schools should establish restrictive smoking policies. One of the most important reasons is the influence adults have on youth through role modeling. Whether intentional or unintentional, teachers and adults play an important role in shaping positive health behaviors of youth. Adults must be aware of the influence they have on developing young people.

Our goal of promoting health through schools is to create activities and environments which deter actions that may threaten health, while stimulating behaviors and environments which enhance it.

Our students receive mixed messages from us when we tell them the dangers of tobacco use, then allow smoking on school grounds, or even worse, smoke ourselves.

Some schools may be interested in the "bottom line." What difference will this make financially? School corporations will save money in

maintenance and housekeeping costs, insurance claims and increased productivity of employees.

Additionally, school corporations which prohibit smoking on school property find students and teachers now make it to class on time. One school had problems with kids coming to class late, then asking (even demanding) passes to their lockers or the restroom. School corporations with restrictive policies are also finding fewer behavior problems.

In order to establish a policy, you'll need support from the top. That may be your principal, superintendent, or school board.

With their blessing, you'll need to establish a working committee. Your committee should include representatives from all populations affected: students, teachers, parents, staff, bus drivers, cooks, administrators, union representatives, and community representatives. You'll also need to make sure your committee includes smokers and nonsmokers.

Your committee will be responsible for:

- Reviewing the current policy
- Researching related laws or ordinances
- Surveying target populations to assess their current needs
  * Number of smokers
  * Those who wish to quit
  * Areas to establish smoking
- Reviewing survey results
- Determining type of policy (who it will affect -- faculty, students, community)
  * Total ban on grounds/in building
  * Designated smoking areas

* Minimal restrictions/no restrictions (may conflict with laws)

Once you determine the type of policy to institute, you'll need to develop a timeline. Some corporations may choose to phase in the policy, or to pick an "important" date -- (beginning of school, the New Year, Non-Dependence Day™, Independence Day, Thanksgiving, Christmas.)

You also need to consider how the policy will be enforced. Many schools follow their other disciplinary codes.

Once you've submitted the policy and received approval, you'll need to EDUCATE your target populations. (Posters, mailings, payroll stuffers, announcements, newspapers, newsletters, staff/faculty/student/PTO meetings).

With any good policy it is important to offer your population an opportunity to change their smoking behavior.

Once you institute your policy, it is important that it be enforced. Be sure to follow your disciplinary actions to ensure compliance. You can probably count on some offenders and some opposition at the very beginning. Most everyone notes that compliance increases over time.

After 3 months, 6 months, 1 year, or when you choose, evaluate your new policy. Measure your policy's effectiveness or ineffectiveness, and determine what changes, if any, are needed.

Many school districts are ready to help the employee who smokes, many of whom are ready to quit smoking. Some school districts are hiring outside organizations to run on-site smoking cessation programs. They've learned the school setting can offer faculty and staff vital social supports and incentives.

If you are in the market for a smoking cessation program be careful. What you see isn't necessarily what you get. On first comparison you'll find most programs offer similar elements: a variety of methods, help in setting up worksite support systems, and education on the health risks of smoking. Some of the major differences are in program costs and lengths, as well as reported success rates. To find the program that can work for you, you need to look more closely.

We will discuss components of an effective program, but only the health promotion coordinator/committee can determine the right program elements that will suit his/her colleagues and school district.

Start by determining needs of your own smoking population; i.e., you may have a cross-section of employees at various stages of readiness to quit. A hard-core smoker who has tried and failed many times may need a lengthy program with lots of support; those less addicted may benefit from a less extensive program (several self-help programs are available). Consider your budgetary restrictions, other characteristics of your working population, and your general capabilities in delivering programs.

Whatever smoking cessation programs you consider, with a good knowledge of factors that make up quality programs, you'll be making an informed choice.

Generally, an effective program will contain the following:

A. PROGRAM CONTENT

1. Knowledge/Information - program explains general health information to smoker, specifically, reasons for quitting and concept of smoking as a habit for some and an addiction for others.
2. Motivation - program emphasizes personal values and motivation; focus on motivating smoker to stop smoking, helping him/her to see self as nonsmoker and helping change his/her mind regarding how important smoking is to him/her.
3. Coping Skills - Cognitive (thinking differently, i.e., learning to see smoking as a primarily negative rather than a positive behavior) and behavioral (learning to replace cigarette smoking with other substitutes, i.e., toothpicks, straws, etc.)
4. Stress management - program deals with such topics as passive, assertive and aggressive behavior, anger management, physical stress reduction, imagery.
5. Weight Control - major issue for many smokers; examines the amount and quality of content on this issue; 1990 Surgeon General's Report - average weight gain of approximately 5 pounds.
6. Exercise - how it can help in stress management and weight control.
7. Relapse Prevention - support and follow-up an ex-smoker receives may be more important than the program in which he quit; program covers understanding an ex-smoker's vulnerabilities and now to deal with them and how to recover if a person slips.

8. Social Support - can help employees decide to quit, make the break, and resist frequent temptations to smoke again.
9. Nicotine Addiction - i.e., nicotine addiction stress cycle (drug induced stress ----> drug induced relief ----> drug induced stress ---->, etc.)

B. PROGRAM CHARACTERISTICS

1. Behavior Modification - Views behavior as a function of the environment; most programs use some combination of the following:
   - stimulus control - changing conditions that trigger a behavior; i.e., talking on the phone ...
   - positive reinforcement - rewards desirable behavior
   - negative reinforcement - punishes unhealthy behavior
   - shaping - small rewards for progressive behavioral steps toward a goal
   - modeling - i.e., video of certain situations - demonstrates alternative responses to situations that trigger craving to smoke
2. Hypnosis - at best, people receive 4 or 5 treatments over a few weeks with hypnotic suggestions tailored to the individual; helps highly motivated smokers control themselves and their urges
3. Nicotine Replacement - nicotine chewing gum is slowly absorbed through the lining of the mouth; gum helps remove physical discomfort of immediate withdrawal; can double quit rates of self-help and group programs
4. Cold Turkey vs. Gradual Reduction - cold turkey method smoker quits close to beginning of program with rest of time spent on

support and coping skills (withdrawal is most difficult); warm turkey (gradual reduction), i.e., fewer cigarettes per day and/or brand changes until quit day.

5. Program Length - Ideally, a cessation program will last at least three months since that's when the first major hurdle occurs in an ex-smoker's tendency to relapse (next is 6 months, then 1 year); more support over a longer period of time generally is best; practical consideration of time and cost are trade-offs.

C. TRAINING

In most cases organizations/agencies do not present their smoking cessation program directly; rather they train others to present the program. In general, the more training the better; programs should have some quality assurance mechanism in place to ensure on-going quality of instruction.

As in most group process work, the interaction between facilitator and participants is vital. A high quality program can be ruined by a poor inexperienced leader; conversely, a simple program can be greatly enhanced by the dynamic personality of a good leader. The more the organization believes in training and quality assurance, the more consistent the program will be.

D. EVALUATION DATA

When considering each organization's success rates, keep your eyes wide open; quit rates cannot be totally quantified. Self-reported data can inflate rates; people generally do not like to admit failure and may lie on their surveys. Biochemical validation of survey results is ideal but generally not practical.

Most surveys are cross-sectional (one point in time) and will pick up people who may have quit, relapsed, and quit again. Results may also be skewed by differences in smokers, i.e., light smokers tend to quit more easily; if an organization's data are heavily weighted with light smokers, quit rates will run higher.

Smoking cessation programs are seeing a larger proportion of hard-core, addicted smokers than earlier days; therefore, lower quit rates can be expected.

Bibliography

No Smoking: A Board Member's Guide to Nonsmoking Policies for the Schools, National School Boards Association, 1987.

The Year 2000 Objectives for the Nation, U.S. Department of Health and Human Services, Public Health Service, 1990.

Reducing the Health Consequences of Smoking: 25 Years of Progress, U.S. Department of Health and Human Services, Public Health Service, 1989.